

File

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 2

2. STATE:

Rhode Island

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1931 of the Social Security Act
42CFR 435.725, 42CFR 435.832, 42CFR 43.1007

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 99,000

b. FFY 2002 \$ 132,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, p. 8
Supplement 12 to Attachment 2.6 A, p. 3
Attachment 2.6-A, p. 5a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6-A, p. 8
Supplement 12 to Attachment 2.6A, p. 3
Attachment 2.6-A, p. 5a

10. SUBJECT OF AMENDMENT:

Medically Needy Income Limits

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Christine C. Ferguson

14. TITLE:

Director

15. DATE SUBMITTED:

1/2/01

16. RETURN TO:

Dorothy Karolyshyn
Department of Human Services
600 New London Avenue
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1-8-01

18. DATE APPROVED:

3-27-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1-1-01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State plan effective July 16, 1996:

- X Pregnant women with no other children
- X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

 In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

 X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16 1996, with the following modifications.

 The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988 , as follows

 X The agency applies higher income standards than those in effect as of July 16,1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

<u>FAMILY SIZE</u>	<u>NEW STANDARD</u>	<u>7/16/96</u>
1	\$ 361.66	\$ 327
2	\$ 496.59	\$ 449
3	\$ 612.72	\$ 554
4	\$ 698.99	\$ 632
5	\$ 785.26	\$ 710
6	\$ 884.50	\$ 800
7	\$ 973.28	\$ 880
8	\$1,072.82	\$ 970
9	\$1,152.45	\$1,042
10	\$1,251.99	\$1,132

(Cumulative increase in the CPI-U for the period 7/96-10/99 was 10.6%)

TN# 01-002
Supersedes
TN# 99-006

Approval Date 3-27-01 Effective Date: 01/01/01

Revision: **HCFA-PM-97-2**
December 1997

ATTACHMENT 2.6-A
Page 5a
OMB No.: 0938-0673

State: Rhode Island

<u>Citation</u>	<u>Condition or Requirement</u>
<u> </u>	Amount for maintenance of home is: \$ <u> </u>
<u> X </u>	Amount for maintenance of home is actual maintenance costs not to exceed \$625.00 (Medically Needy Income Limit for an Individual).
<u> </u>	Amount for maintenance of home is deductible when countable income is determined under Section 1924(d)(1) of the Act only if individuals' home and community spouse's home are different.
<u> </u>	<u> X </u> Amount for maintenance of home is not deductible when countable income is determined under Section 1924(d)(1) of the Act.

TN No. 01-002
Supersedes Approval Date 3-27-01 Effective Date: 01/01/01
TN No. 99-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

X Applicable to all groups.

_____ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>12</u> Months	Amount by which Column (2) exceeds limits specified in 42CFR435.1007*	Net Income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42CFR435.1007*
	_____ urban only <u>X</u> urban & rural			
1	\$ 7,500	\$ -0-	\$	\$
2	\$ 8,000	\$ -0-	\$	\$
3	\$ 9,900	\$ -0-	\$	\$
4	\$ 11,200	\$ -0-	\$	\$
5	\$ 12,600	\$ -0-	\$	\$
6	\$ 14,200	\$ -0-	\$	\$
7	\$ 15,600	\$ -0-	\$	\$
8	\$ 17,200	\$ -0-	\$	\$
9	\$ 18,500	\$ -0-	\$	\$
10	\$ 20,100	\$ -0-	\$	\$
For each additional person add:	\$ 1,400	\$ -0-	\$	\$

*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 01-002
Supersedes
TN No. 99-006

Approval Date: 3-27-01 Effective Date: 01/01/01
HCFA ID: 7985E